

Chapter Two

Encounter Authorizations & Control Documents

I. Introduction

Before a contractor may submit encounter data, AHCCCSA requires the completion of certain agreements, authorizations and control documents. In addition, a contractor must submit a concurrent attestation certification indicating that, based on best knowledge, information and belief, data submitted to AHCCCSA is accurate, complete and truthful. These documents are as follows:

- Exhibit 2A: Health Plan/Program Contractor Encounter Submission Notification and Transmission Submitter Number (TSN) Application
- Exhibit 2B: Electronic Data Interchange Agreement
- Exhibit 2C: Data Certification E-mail – concurrently submitted with each file
- Exhibit 2D: Contractor Data Certification Information

II. Purpose of Control Documents

AHCCCSA requires control documents for legal purposes. They provide:

- A supplemental, contractual agreement specific to AHCCCSA and the contractor for the submission, acceptance and processing of encounter data;
- AHCCCSA with the names and signatures of contractor representatives authorized to submit encounter data; and
- Authorization for AHCCCSA to process the information on encounter data files, and verification that it is accurate, complete, and truthful.

If a contractor intends to change vendors (including termination or change of a contract with the vendor), the Contractor must notify the Encounter Unit prior to the change. AHCCCSA will then require completion of new control documents authorizing encounter submissions.

III. Testing Process for New Contractors

In order to ensure the success of encounter data submissions, new contractors must go through a testing phase before submitting official encounter data to AHCCCSA. Prior to beginning the testing phase, contractors must have provided all necessary control documents to the AHCCCS Encounter Unit. New contractors are encouraged to begin this process as soon as possible after the award of a contract. Once the Encounter Unit receives the necessary authorizations, AHCCCSA will assign a Transmission Submitter Number (TSN) and notify the contractor. AHCCCSA will also schedule a training session for the contractor and/or designated subcontractor during which the testing process will be reviewed.

Technical assistance is available from Encounter Unit staff during the testing period. When AHCCCSA verifies that a contractor has successfully completed the testing process, the contractor will be allowed to begin submitting encounters.

IV. Control Document Instructions

Instructions for all encounter submission-related forms or data certification e-mail are available from the Encounter Unit. Samples of these are included and discussed in Exhibits 2A, 2B, and 2C.

V. Contractor Data Certification Information

To comply with 42 CFR Sections 438.604 and 438.608 the CEO, CFO or a direct report must certify encounter data prior to processing. An automated data certification e-mail process requires selected contractor information, such as who certifies data and who receives reports, to be regularly maintained and updated by AHCCCSA. Please refer to Exhibit 2D for the information contractors must submit to support the automated certification process.

Only the CEO, CFO or direct report may certify data, however other staff is eligible to receive reports. In addition, those certifying data may also receive reports.

EXHIBIT 2A

Health Plan/Program Contractor Encounter Submission Notification And Transmission Submitter Number (TSN) Application

**Exhibit 2A: Health Plan/Program Contractor Encounter Submission
Notification and Transmission Submitter Number (TSN) Application**

The application provides notice to the Encounter Unit of the designated person authorized to submit and receive encounter data and related information from AHCCCSA. It also furnishes an estimate of monthly encounters to be reported by the contractor. Contractors must complete this notification form before testing and submitting encounter data to AHCCCSA.

Upon receipt of this application, a TSN is issued. The TSN allows AHCCCS to identify the contractor identification number(s), county codes, and lines of business for which that transmission submitter is authorized to submit encounters.

Field No.	Instructions
1.	Enter the name of the contractor.
2.	Enter the contractor's ID number assigned by AHCCCSA.
3.	Enter the date the contractor will begin submitting encounters to AHCCCSA.
4-8	Enter the contractor's complete address and telephone number, the encounter contact person and contact person's telephone number.
9-12	Enter the monthly estimate of volumes for 837P (Form A), 837D (Form D), 837I (Form B) and NCPD (Form C) encounters that will be submitted to AHCCCSA.
13	Enter the name of the person authorized to send and receive encounter data (may be an employee of the contractor or an employee of a subcontracted vendor).
14.	Type or print the CEO/Administrator's name.
15.	Enter the date the application is signed.
16.	Signature of the CEO/Administrator.

Arizona Health Care Cost Containment System

Health Plan/Program Contractors Encounter Submission Notification And Transmission Submitter Number (TSN) Application

In order to submit encounter data to AHCCCS, Health Plans/Program Contractors (Contractors) must be assigned a Transmission Submitter Number (TSN). To apply for your contractor TSN, please complete this application and forward to the Encounter Unit at 701 East Jefferson, Mail Drop 6600, Phoenix, Arizona 85034.

1. Health Plan/Program Contractor Name:

2. ID Number:

3. As representative for the above Health Plan/Program Contractor (Contractor), I hereby notify the AHCCCS Administration Encounter Unit that the contractor's encounter submission will start on ____/____/____. The contractor named above agrees to submit all encounter data, and correct any encounter submission errors within the limited time frame prescribed by the AHCCCS Administration.

4. Contractor Address: (Street)

5. (City, State & Zip Code)

6. Contractor Telephone Number:

7. Contact Person's Name:

8. Contact Person's Telephone Number:

Contractor estimates that the monthly average encounter submission volume will be as follows:

- | | |
|-------------------------------|--|
| 9. 837P (Form A) Encounters: | |
| 10. 837D (Form D) Encounters: | |
| 11. 837I (Form B) Encounters: | |
| 12. NCPD (Form C) Encounters: | |

13. Contractor requests that encounter related files/reports from the AHCCCS Administration be made available to:

14. CEO/Administrator:

15. Date:

16. Signature:

EXHIBIT 2B

Electronic Data Interchange Agreement Form

**Encounter Manual
AHCCCS Administration**

**Exhibit 2B
Electronic Data Interchange Agreement**

The **Electronic Data Interchange (EDI)** Agreement is a contract between the contractor and AHCCCSA, which authorizes AHCCCSA to accept, encounter data submitted via EDI. The contract also holds the contractor responsible for submitting this data in accordance with applicable rules and regulations, and within file specifications.

Field No.	Instructions
1.	Enter the name of the contractor.
2.	Enter the contractor's ID number assigned by AHCCCSA.
3.	Type or print the CEO/Administrator's name.
4.	Enter the date the agreement is signed.
5.	Signature of the CEO/Administrator.

Electronic Data Interchange Agreement Form

1. _____ (Health Plan/Program Contractor, herein called

"Contractor") is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System Administration (herein called "AHCCCSA") for services rendered by the undersigned contractor, in machine-readable form, as specified by AHCCCSA. The contractor certifies that the encounter data so recorded and submitted as input data are in accordance with all procedures, rules, regulations and statutes now in effect. If any of those procedures, rules, regulations or statutes is hereafter amended, the contractor agrees to conform to those amendments of which contractor have been notified. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.

In consideration of AHCCCSA's acceptance of the contractor's input data, the contractor agrees to be responsible for any incorrect or delayed payments made to the contractor as a result of any error, omission, deletion, or erroneous insert caused by the contractor in the submitted input data. In the event of any inconsistencies between the input data and underlying source documents, whether set forth in encounter forms or otherwise, AHCCCSA shall rely on the input data only.

The contractor further agrees to hold AHCCCSA harmless from any and all claims of liability (including but not limited to consequential damages, reimbursement of erroneous billings and reimbursement of attorney fees) incurred as a consequence of any such error, omission, deletion, or erroneous input data. AHCCCSA shall not be responsible for any incorrect or delayed payments to the contractor resulting from any error, omission, deletion or erroneous input data that does not meet the standards prescribed by AHCCCSA. Erroneous encounter input data shall be returned to the contractor for correction and resubmission, within the limited time frame prescribed by AHCCCSA, at the contractor's cost.

The contractor herewith authorizes AHCCCSA to (1) make administrative corrections on submitted encounter data to enable the automated processing of the same; and (2) accept original evidence of services rendered and encounter data in a form appropriate for automated data processing.

The contractor agrees and certifies that the contractor's certification appearing on all encounter forms in use as of a given submission date are incorporated by reference in this agreement, shall remain valid and applicable to all encounter data submitted, and herewith are adopted by the contractor as though individually executed. Additionally, contractor certifies that based on best knowledge, information, and belief all data submitted to AHCCCSA will be accurate, complete, and truthful.

2. Contractor Number:

3. CEO/Administrator:

4. Date

5. Signature:

EXHIBIT 2C

Data Certification E-mail

**Encounter Manual
AHCCCS Administration**

**Exhibit 2C
Data Certification E-mail**

The Data Certification E-mail certified by the Chief Executive Officer, Chief Financial Officer, or an individual who has delegated authority to sign for, and who reports directly to Chief Executive Officer or Chief Financial Officer, must attest, based on best knowledge, information, and belief, that data is complete, accurate, and truthful and complies with 42 CFR Sections 438.604 and 438.608. Contractor is responsible for submitting this data in accordance with applicable Federal and State laws, rules, policies and the AHCCCSA contractor contract and within file specifications. **The Data Certification E-mail must be submitted concurrently with the certified data and must be matched to contractor's file or document prior to file or document processing or use.**

	Instructions
1.	E-mail must be sent to: bba@azahcccs.gov from person, e.g. CEO, CFO, or direct report to CEO or CFO, authorizing the data.
2.	Subject line must contain the filename, total bill charge, and the claim count in the file. These topics must be followed by an '=' sign. Total bill charges must have a single space between the words. The order of these within the subject line does not matter, however abbreviations are not allowed. Always send a new e-mail to certify files.
3.	There are four potential responses to Data Certification E-mail: <ul style="list-style-type: none">1. Data Certification was received from an unauthorized e-mail address;2. File, based on filename in subject line, was not found;3. Total bill charge or count in subject line does not match total bill charge or count in the file; and4. Valid file was found and will be processed.
4.	A daily report will be e-mailed with a list of files that have not yet been authorized. Files that have not been matched to Data Certification E-mail for a period of 10 days will be deleted.
5.	The body of the e-mail must have the same text as in the example below. Data Certification E-mail without or with incomplete contents of the body will not be used to certify files.

Data Certification E-mail

TO: bba@azahcccs.gov

Subject: filename=AZSTNDPLANIDTSNXMMDDYY.SEQ count=123 total bill charges=987

Health Plan/Program Contractor/ADHS/DBHS, herein called "Contractor" is hereby authorized to submit encounter data to the Arizona Health Care Cost Containment System Administration (herein called "AHCCCSA") for services rendered by the contractor, in machine-readable form, as specified by AHCCCSA.

By submission of this e-mail, I certify that the data and/or documents so recorded and submitted as input data or information, based on my best knowledge, information, and belief, is in compliance with Subpart H of the Balanced Budget Act Certification requirements; is complete, accurate, and truthful; and is in accordance with all Federal and State laws, regulations, policies and the AHCCCSA/Contractor contract now in effect. Contractor further certifies that it will retain and preserve all original documents as required by law, submit all or any part of same, or permit access to same for audit purposes, as required by the State of Arizona, or any agency of the federal government, or their representatives.

EXHIBIT 2D

Contractor Data Certification Information

**Encounter Manual
AHCCCS Administration**

**Exhibit 2D
Contractor Data Certification Information**

To comply with 42 CFR AHCCCSA automated a process to match an email certification with submitted encounter files. AHCCCSA requires selected contractor information to maintain and update a table that supports the automated process. All staff who will certify data and/or receive reports must submit the information noted below. **The Data Certification E-mail must be submitted concurrently with the certified data and must be matched to contractor's file or document prior to file or document processing or use.**

	Instructions
1.	All relevant plan IDs for the contractor must be listed
2.	The first name, last name, title, and contact information, e.g., telephone number, fax number, and e-mail address, must be supplied
3.	To whom does the person report and what is the reporting relationship, i.e., job titles.
4.	Indicate if the person has the authority to submit certification e-mails.
5.	Indicate if the person wants to receive reports. These reports show the certification status of files.

Contractor Data Certification Information

This information must be submitted for all staff additions and deletions for the certification of file(s) and/or to receive reports.

Note: To Certify Files the person must be the CEO, CFO or a direct report to either the CEO or CFO.

Health Plan ID(s): _____

First Name: _____

Last Name: _____

Your Title: _____

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Who do you report to and their title:

Are you authorized to **certify files**? (Circle one) Yes No

Do you wish to receive reports? (Circle one) Yes No